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FORM INSTRUCTIONS

Food pantry staff complete the lines for FOOD PANTRY NAME, DISTRIBUTION MONTH & YEAR and certify the household APPROVED PA, APPROVED NPA or DENIED.

The head of the household (or authorized representative) will sign one line on the front of this form and complete the following: HOUSEHOLD SIZE, STREET ADDRESS, CITY and DATE.

A household may meet TEFAP income-based standards in either of the following two ways:

- 1) Be a Public Assistance (PA) household due to the receipt of public assistance benefits as described on the front of this form.
- 2) If a household is not eligible as a Public Assistance household, then it must have a combined gross income which does not exceed the maximum income limit for the applicable household size. (NPA)

NOTE: Households eligible under #1 above shall not have their income explored under #2 above.

Examples of public assistance include, but are not limited to:

- Temporary Assistance (TA)
- Food Stamps (FS)
- Low Income Home Energy Assistance (LIHEAP)
- MO HealthNet (formerly Medicaid)
- Public Housing Assistance
- Supplemental Aid to the Blind (AB)
- Supplemental Payments (SP)
- Supplemental Security Income (SSI)

NOTE: Social Security and Medicare are **not** forms of public assistance.

INCOME ELIGIBILITY GUIDELINES

(Effective March 1, 2008)

125%
of Federal Poverty

HOUSE- HOLD SIZE	MONTHLY INCOME
1	\$ 1,084
2	\$ 1,459
3	\$ 1,834
4	\$ 2,209
5	\$ 2,584
6	\$ 2,959
7	\$ 3,334
8	\$ 3,709
9	\$ 4,084
10	\$ 4,459

150%
(Elderly/Disabled HHs)

HOUSE- HOLD SIZE	MONTHLY INCOME
1	\$ 1,300
2	\$ 1,750
3	\$ 2,200
4	\$ 2,650
5	\$ 3,100
6	\$ 3,550
7	\$ 4,000
8	\$ 4,450
9	\$ 4,900
10	\$ 5,350

For each additional household member over 10, add \$375.

For each additional household member over 10, add \$450.